

Cambridgeshire County Council.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

Administrative County of Cambridge

for the Year 1937.

CAMBRIDGE:

St. Tibbs Press (Cambridge Chronicle, Ltd.),
St. Tibbs Row.

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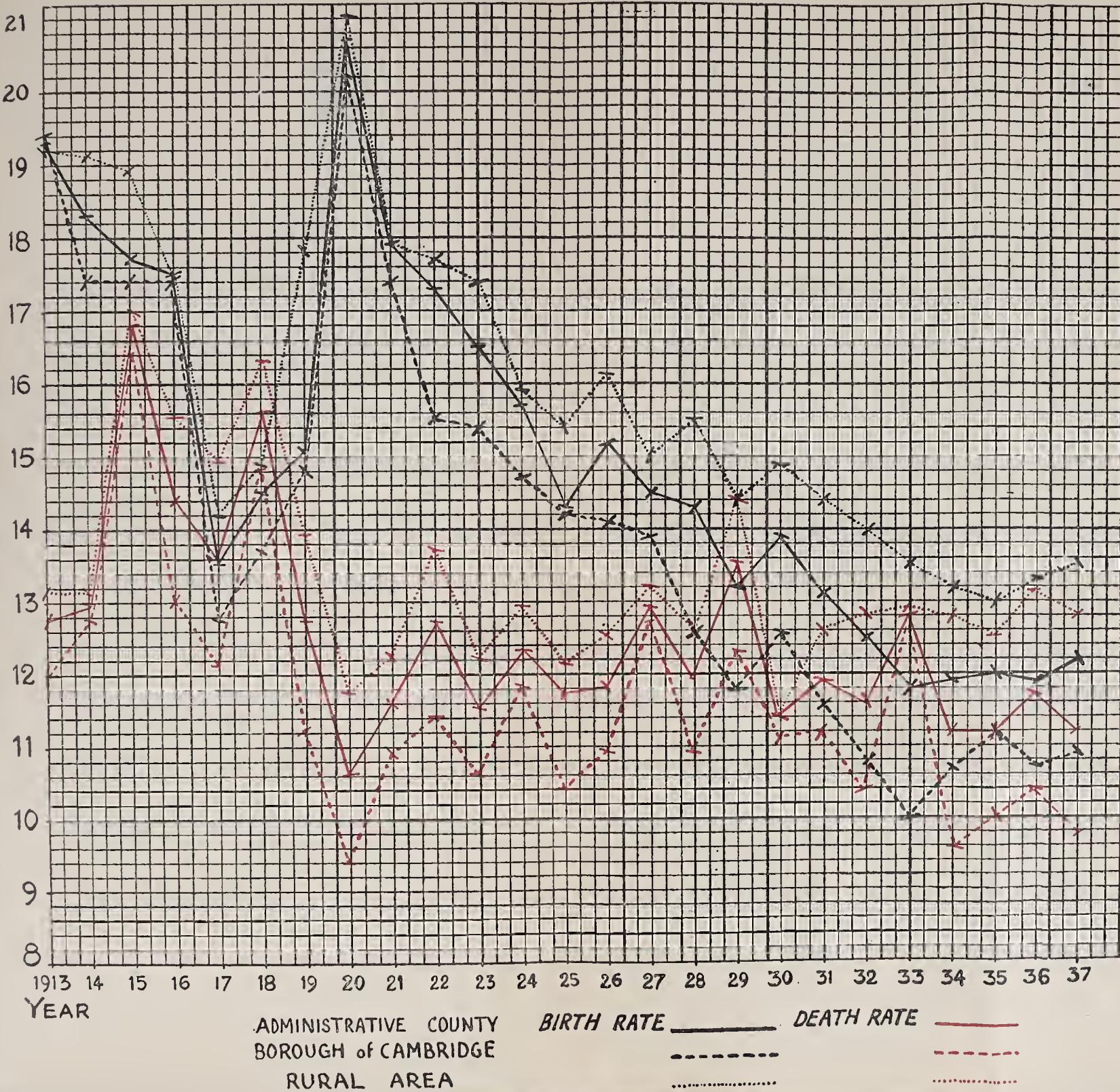
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CAMBRIDGESHIRE BIRTH RATES AND DEATH RATES—1913-1937





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GENERAL STATISTICS.

Area (acres)	315,168
Population—Registrar-General's Estimate (1937)	148,460
Rateable Value	£903,461
Estimated Product of a Penny Rate	£3,606

EXTRACTS FROM VITAL STATISTICS
FOR THE YEAR.

		Total.	Male.	Female.
Live Births.	Legitimate	1736	899	837
	Illegitimate	68	35	33
	(Birth Rate 12.2 per 1,000).			

Still Births 55. Rate per 1,000 total births 29.6.

		Total.	Male.	Female.
Deaths	1663	815	848	
(Death Rate 11.2 per 1,000).				

Deaths of women in or in consequence of child-birth.
(Live and Still).

			Per 1000 Births.
(a) From Sepsis	3		1.61
(b) Other causes	2		1.08
Total	5		2.69

Deaths of Infants per 1,000 live births ... ...	...	...	42.6
(a) Legitimate ... ... ...	...	...	40.0
(b) Illegitimate ... ... ...	...	...	103.0

Deaths from Measles (all ages) ... ... ...	...	...	Nil.
,, , Whooping Cough (all ages) ... ...	...	...	6
,, , Diarrhoea (under 2 years) ... ...	...	...	3

STAFF.

Whole-time officers of the County Council:—

R. FRENCH, B.A., M.D., D.P.H., *Medical Officer of Health and School Medical Officer.*

T. H. HARRISON, M.B., Ch.B., D.P.H., *Assistant ditto.*

W. PATON PHILIP, M.C., M.B., D.P.H., D.M.R.E., *Tuberculosis Officer.*

J. C. G. EVERED, L.D.S. (Edin.), *School Dentist.*

N. G. CLEMENTS, L.R.C.P.S., L.R.F.P.S., L.D.S. (Glas.), *ditto.*

G. G. GALPIN, *Chief Clerk, and Enquiry Officer under the Mental Deficiency Acts.*

Services in connection with the County Public Health Department are also rendered by the following:—

L. B. COLE, M.D., F.R.C.P., *Veneral Diseases Medical Officer.*

S. RIDDOUGH, M.B., F.R.C.S., *ditto.*

L. COBBETT, M.D., *Pathologist.*

W. H. HARVEY, M.D., *Bacteriologist.*

J. C. W. GRAHAM, M.D., D.O., *Ophthalmologist.*

J. R. C. CANNEY, M.D., F.C.O.G., *Obstetric Consultant.*

J. G. RUNCIMAN, M.R.C.V.S., *Veterinary Inspector.*

S. GREENBURGH, Ph.D., F.I.C., *Public Analyst.*

MISS A. GRAHAM, *Superintendent of County Nursing Association and Inspector of Midwives.*

PUBLIC ASSISTANCE.

INSTITUTIONS.

Medical Officer

Mill Road, Cambridge ... A. Hanton, M.B., Ch.B.

Union Lane, Cambridge... do.

Linton H. M. Wilson, M.B., Ch.B.

MEDICAL RELIEF.

PANEL OF MEDICAL PRACTITIONERS.

J. J. H. ANDERSON, M.B., Ch.B.
W. D. V. BOLT, M.R.C.S., L.R.C.P.
E. C. CAMPBELL, M.R.C.S., L.R.C.P.
C. R. CAFFRY, M.A., M.R.C.S., L.R.C.P.
A. S. CANE, M.D.
P. F. CHANDLER, M.R.C.S., L.R.C.P.
J. DAVIS, M.B., B.S.
A. W. C. DRAKE, M.B., B.Ch.
P. H. DUDLEY, M.R.C.S., L.R.C.P.
R. ELLIS, M.D.
E. A. R. ENNION, M.R.C.S., L.R.C.P.
H. D. GASTEEN, L.R.C.P.&S.
A. F. GILBERT, M.R.C.S., L.R.C.P.
F. A. GRANGE, M.B., B.S.
E. W. GREGOR, M.R.C.S., L.R.C.P.
J. A. HART, L.M.S.S.A.
H. HARTLEY, M.B., Ch.B.
H. HAZELL, M.R.C.S., L.R.C.P.
W. P. HEDGCOCK, M.D.
J. W. McFEEETERS, M.B., Ch.B.
J. YORK MOORE, M.R.C.S., L.R.C.P.
H. C. NICKSON, M.B., Ch.B.
G. F. OAKDEN, M.B., B.Ch.
H. RICHARDS, M.R.C.S., L.R.C.P., D.C.O.G.
F. E. W. ROGERS, M.B., B.Ch.
G. ROPER, M.A., L.M.S.S.A.
N. C. SIMPSON, M.D.
C. M. STEVENSON, M.D.
C. W. WALKER, M.B., B.Ch.
H. R. YOUNGMAN, M.D.

DISTRICT MEDICAL OFFICERS.

<i>District.</i>		<i>Medical Officer.</i>
Cambridge No. 2	...	H. F. A. WEBB, M.R.C.S., L.R.C.P.
,,	3	A. H. WHITE, M.B., B.S.
Newmarket	3	J. D. Batt, M.R.C.S., L.R.C.P.
Royston	2	A. D. SKYRME, M.R.C.S., L.R.C.P.
,,	3	J. H. MOYNIHAN, M.R.C.S., L.R.C.P.
,,	5	R. D. ATTWOOD, M.D.
Linton	1	H. M. WILSON, M.B., Ch.B.

VITAL STATISTICS AND INCIDENCE OF INFECTIOUS DISEASE.

The Registrar General has issued the following figures for the populations of the various parts of the County estimated for the mid-year 1937:—

Administrative County	...	...	148,460
Cambridge	...	...	77,430
Aggregate Rural Districts		...	71,030
Chesterton	...	...	30,930
Newmarket	...	...	18,880
South Cambridgeshire	...	...	21,220

There has been no alteration in the boundaries of any district during the year.

The excess of births over deaths yielded a natural increase of the population of 141 as compared with 40 in 1936 and 118 in 1935.

Whereas in the Borough of Cambridge the natural increase was 90 only, the Registrar General estimates the actual increase in the population to have been 670 while in the Rural Districts the natural increase was 51 and the population is estimated to have remained stationary in the rural area as a whole, with variations in an upward or downward direction in individual districts. Comment was made in the report for the previous year on the somewhat insecure basis for the formation of these estimates and on the possible inaccuracy which may be introduced thereby into the calculation of the various rates which follow.

Birth Rate.—The following figures are based on details furnished by the Registrar General:—

	<i>Registered.</i>	<i>Birth Rate.</i>
	<i>Live Births.</i>	<i>per 1,000 living.</i>
Administrative County	1,804	12.2
Cambridge Borough	842	10.9
Rural Districts	962	13.5

The birth rate for the administrative County is the highest since the year 1932, when it was 12.5 per 1,000. Both the Borough of Cambridge and the combined rural districts have experienced rises, that in the Borough counteracting, but not entirely offsetting, a fall in the previous year, while that in the rural districts continues the rise noted in 1936.

The rate for the whole country was 14.9 per 1,000 and that for the Great Towns was also 14.9 per 1,000.

The following figures set out the rates in the individual Rural Districts:—

Newmarket	...	...	...	15.7
Chesterton	...	...	...	13.3
South Cambridgeshire	...	...	...	12.0

The order of the rural districts in this respect is again unchanged, but there have been considerable rises in the rates in Newmarket and South Cambridgeshire and a less marked fall in Chesterton.

There were 68 illegitimate births in the Administrative County, 34 in Cambridge and 34 in the Rural Districts. The total number is 10 less than in the previous year, 9 less in the Borough and 1 less in the rural area. The rates are in the Borough 4.0, in the Rural Districts 3.5, and in the Administrative County 3.8 per cent. of the total live births as against 5.2, 3.5 and 4.4 per cent. respectively in the previous year.

The numbers of still births and the rates per 1,000 total births are as follows:—

Borough of Cambridge	...	20 or 23.2 per 1,000
Rural Districts	...	35 or 35.1 per 1,000
Whole County	...	55 or 29.6 per 1,000

The actual numbers of still births in both Borough and the Rural Districts are the same as those of the previous year and the rates therefore, naturally, show a surprising similarity.

Death Rate from all Causes.—The total number of deaths credited to Cambridgeshire, after deducting those of residents in other areas which occurred in the County, was 1,663 (Cambridge 752, Rural 911) being 63 less than in 1936. The nett death rate for the whole County was 11.2 per 1,000 of the population (England and Wales 12.4). This rate is 0.5 less than in the previous year. The rates for Cambridge and the rural area were 9.7 (Great Towns 12.5) and 12.8 respectively.

The corrected death rates obtained by the application of the factor supplied by the Registrar General are as follows:—

Administrative County	...	9.4
Borough of Cambridge	...	9.0
Rural Area	...	9.7

The graph which was published for the first time in the report for 1936 is again included and has been brought up to date. It shows exactly the same relationships as between the rates for the Borough, Rural Districts and County as a whole, but it will be seen that the tendency for the curves for birth rates and death rates to approach each other in recent years has not been maintained in 1937

and that a wide divergence now appears to be the characteristic. This divergence is caused both by a rise in the birth rates and a fall in the death rates, but there is, of course, no indication that the divergence will continue in future years, and it is certain that without a further considerable rise in the birth rates, it cannot be maintained indefinitely. Moreover, even if some means were found of postponing the death of older people and of thereby diminishing the death rate in future years, this would not overcome the disadvantage of a gradually ageing population which would eventually have to be maintained by a diminished number of young people.

Infant Mortality.—The number of deaths under the age of one year (Cambridge 32, Rural Districts 45, total 77) was in the proportion of 42.6 per 1,000 births. This represents a rise of almost 6 per 1,000 over the rate for the previous year as compared with a fall of one per 1,000 in the country as a whole. Nevertheless, the figure for Cambridgeshire remains well below that for the whole country, which was 58. The rate for the Borough of Cambridge was 38.0 per 1,000 live births (Great Towns 62) as against 32.8 in the previous year, while the rural rate was 46.8 as against 40.3 in the previous year. Thus the rates in the Borough and Rural Districts have both risen to approximately the same extent.

As usual, the bulk of the mortality was caused by deaths from congenital debility, premature birth and malformations, the total number of such deaths being 46 as compared with the figure of 45 for the previous year. There was a rise in the number of deaths from respiratory disease from 9 to 18, and this rise, of course, accounted for the bulk of the rise in mortality. Taken in conjunction with the similarity in the extent of the rise in the Borough

of Cambridge and the adjoining rural area, it would seem to indicate the responsibility of some climatic factor. The number of deaths from infantile diarrhoea showed a reduction from 7 to 3.

The following figures set out the differences between the mortality in the case of legitimate and illegitimate infants respectively:—

	Legitimate		Illegitimate		
	Mortality.	Births. Rate.	Mortality.	Births. Rate.	
Cambridge	...	808	33	34	147
Rural Districts	...	928	46	34	59
Whole County	...	1,736	40	68	103

This means that the position noted in the report for the year 1936 involving a very similar mortality as between legitimate and illegitimate infants has not been maintained. The customary high rate of mortality amongst illegitimate infants is well shown, especially in the Borough of Cambridge. No doubt efforts to combat this will always meet with great difficulties, but, with the present state of the birth rate, the country simply cannot afford to neglect the saving of these lives, apart from the purely humanitarian side of the question.

Maternal Mortality.—Deaths of women assigned to pregnancy or childbirth numbered 5 (Cambridge 2, Rural Districts 3) of which 3 were attributed to puerperal sepsis and 2 to other accidents and diseases of pregnancy or childbirth. The total number of deaths is one less than in 1936 and this fall is effected by a large drop in the number of deaths from "other puerperal causes," the number of deaths from sepsis having risen again to the 1935 figure of 3 (Borough of Cambridge 2, Rural Area 1).

The death rates per 1,000 total births (live and still) are 1.61 from puerperal sepsis and 1.08 from other accidents, a total of 2.69 from all maternal causes, the comparable figures for England and Wales being 0.94, 2.17 and 3.11. Thus the total rate is well below that for the country as a whole, though the rate from sepsis is this year considerably above it. The exact proportions tend to fluctuate greatly from year to year, and it remains true that even with the falling maternal mortality rate in the whole country, which seems to have supervened in the last three years, the general Cambridgeshire rate is consistently below it. In view of the small number of deaths involved and the above mentioned tendency to fluctuation from year to year, it is too early to say that the hope expressed in last year's report that the schemes of ante-natal examination in force in the County might soon be expected to influence the death rate from "other puerperal causes" is being fulfilled, but there is no doubt that the facilities are being increasingly appreciated.

Sixteen notifications of puerperal fever and pyrexia were received, of which 5 were of puerperal fever, as against a total of 10 in 1936 and 21 in 1935. Reasons were given in the report for 1936 as to the doubt whether these notifications really represent the amount of puerperal pyrexia which actually occurs. In any case, the notifications do not furnish any means of estimating the number of cases of puerperal sepsis, since many causes of fever quite unconnected with the puerperal state have to be notified as puerperal pyrexia if they occur during the puerperium. In future years, the division into puerperal pyrexia and puerperal fever will not be made and during 1937 the notifications of puerperal fever apply only to the first thirty-nine weeks, both conditions being notified under the head of puerperal pyrexia for the remainder of the year. The

rate of notifications per 1,000 total births was 8.61 as against 13.93 for England and Wales.

Infectious Disease.—The number of cases of scarlet fever notified was 225, almost the same as that of the previous year (229). Of these 97 occurred in the Borough and 128 in the Rural Districts. Diphtheria continued very low in prevalence, 10 notifications being received (Borough 9, Rural Districts 1). Measles produced no deaths in 1937, as against one in 1936, but the experience as far as whooping cough was concerned was not so fortunate, a total of 6 deaths occurring (Borough 4, Rural Districts 2) as compared with 3 in the previous year. Deaths from influenza were almost double those of 1936 (51 as against 26), but deaths from pneumonia further declined (from 62 in 1936 to 53 in 1937). The notifications of pneumonia were in somewhat closer conformity with the number of deaths in 1937 than they have been in recent years, amounting to a total of 45 (Borough 13, Rural Districts 32), but, owing to the fact that all forms of pneumonia are not notifiable it is not possible to say what degree of disparity may be expected.

There were again no notifications of enteric fever in the Borough of Cambridge and only three in the Rural Area.

Of the 225 cases of scarlet fever notified, 208, or 92 per cent., were admitted to hospital, a considerable increase on the figure of 81 per cent. for the previous year. All but one of the cases of diphtheria were admitted to hospital. In view of the improved housing conditions, the increasing tendency to admit scarlet fever to hospital is somewhat remarkable.

Once again it is not possible to record any extension of the facilities for immunisation against diphtheria which

were in existence in the previous year. The Borough of Cambridge is the only area in which arrangements are in being and disappointing replies have been received from the Rural District Councils in answer to the communication mentioned in the report for 1936. Newmarket and South Cambridgeshire District Councils have decided to take no steps whatever and Chesterton Rural District Council has resolved that it will provide free the material for the immunisation of children under the age of 5 years. This means that nothing at all is to be done in respect of children of school age and even in the case of young children the position cannot be said to have improved a great deal. No provision for the payment of any fee to the doctor carrying out the immunisation is made and presumably the parents of the children are expected to undertake this. It is unnecessary to dilate upon the improbability of their doing so in the majority of instances. Admittedly, the position in rural areas is far from easy, but the difficulties should not be absolutely insuperable. However, presumably it must be reluctantly admitted that the time is not ripe for dealing with the matter, since it is certain that any half-hearted measures will fail. The number of children immunised in the Borough Council's clinic was 685, a fall of 24 as compared with the figure for the previous year, making a total of 2,872 children immunised since the campaign started. This makes the second successive fall in this figure, so it seems as though the opinion that the fall in 1936 was of a temporary nature was unjustified. Dr. Smyth again points out that the total number of immune children is quite inadequate to influence the spread of an epidemic and also states that the scheme of immunisation by general practitioners is very little used.

Smallpox.—As has been the case for several years now, no case of smallpox was notified in any part of the County

in 1937. The following figures set out the position as regards vaccination:—

		<i>Cambridge.</i>	<i>Rural.</i>	<i>Total.</i>
Births	...	1,039	794	1,833
Successful Vaccinations	...	183	222	405
Certificate of Insusceptibility	...	2	3	5
Statutory Declaration of				
Conscientious Objection		678	500	1,178
Died Unvaccinated	...	35	18	53
Postponed by Medical Certificate		21	2	23
Removed	...	20	2	22
Not found: in abeyance	...	100	47	147

The percentage of successful vaccinations to births was 18 in the Borough, a fall of 3 per cent. as compared with last year's figure, and 29 in the rural area, a rise of 4 per cent. on the figure for 1936.

The figure for the Borough appears to be a continuously falling one and at first sight the considerable rise in the figure for the rural area seems gratifying. It should be pointed out, however, that the proportion worked out from the figures supplied can never be more than a rough indication, partly because the figures as to births refer to those registered during the year irrespective of whether the birth actually took place during the year and also because no account has been taken of transfers to other areas. It is for these reasons that the figures do not correspond to those given at the beginning of the report in connection with the calculation of the birth rate. Thus many of the births registered in the Borough really belong to the rural area (births taking place in hospitals, nursing homes, etc.), unduly weighting the percentage of non-vaccination against the Borough, and a number do not even belong to this County at all. This accounts for the considerable propor-

tions under the heads "removals" and "not found." It will be seen that these figures are more than twice as high for the Borough.

Encephalitis Lethargica, Acute Anterior Poliomyelitis, and Cerebro-Spinal Meningitis.—In the Borough of Cambridge 3 cases of acute poliomyelitis and 1 of acute polio-encephalitis were notified, but there were no deaths, while in the rural area there were neither cases nor deaths. No cases of either of the other two conditions were notified in the administrative county and there were no deaths registered.

Diarrhæal Diseases. Three deaths from this cause occurred in children under the age of one year. The number is the same if deaths under the age of two years are considered. The rates are 1.2 per 1,000 live births for the Borough of Cambridge (Great Towns 7.9) 2.1 for the rural area and 1.7 for the whole County (England and Wales 5.8).

Ophthalmia Neonatorum.—Four notifications were received during the year, three in the Borough of Cambridge and one in Chesterton Rural District. All were admitted to hospital and all recovered without any residual impairment of vision. The number of notifications is little more than half that of the previous year. During 1937 some change in the arrangements for the notification of this disease were made. Previously notifications were made to the local sanitary authority as is customary with other infectious diseases, but in 1937 new regulations were issued under which notification is to be made in the first place to the maternity and child welfare authority, the medical officer of which is obliged to transmit a copy of the notification to the medical officer to the local sanitary

authority and to the County Medical Officer. The effect of this in Cambridgeshire is that cases occurring in the Borough of Cambridge are still notified to the Borough Medical Officer of Health and copies of the notifications are transmitted by him to the County Medical Officer, exactly the same procedure as before, but in the rural area cases are notified to the County Medical Officer, who transmits a copy of the notification to the Medical Officer of Health to the District Council, an exact reversal of the previous procedure. The fee for notification is unchanged and, in the rural area, is payable by the County Council. The object of the change is obviously to secure that the notification comes first to the authority responsible for the provision of treatment. It may well be asked whether a similar change might not be desirable in the case of tuberculosis.

Pulmonary Tuberculosis.—The total number of cases of pulmonary tuberculosis discovered during the year was 85, a slight fall as compared with the 89 cases discovered in the previous year. Of these 10 came to notice otherwise than by formal notification, as against the rather large number of 31 in the previous year and 15 in 1935. There were 60 deaths from this cause as against 52 in 1936. Though the number is somewhat higher than that of the previous year, it is still 4 below that for the year 1935 and therefore there is no reason to think that the increase is more than temporary. It may be connected in some way with the increased number of deaths from influenza, as many observers have noted a rise in the tuberculosis death rate in years showing an increased prevalence of that disease. In Cambridge Borough there were 36 deaths, a rise of 12 over the figure for the previous year, and in the rural area there were 24, as against 28 in the previous year. The mortality rates per thousand living were .40 in the Administrative County (England and Wales .584), .46 in Cambridge and

.34 in the rural area, compared with .35, .31 and .39 respectively in 1935.

Tuberculosis of other Organs.—Total cases discovered during the year, whether by notification or otherwise, numbered 41 (36 in 1936). There were 11 deaths, against 10 in 1936, of which 3 occurred in Cambridge and 8 in the rural area. The mortality rates per 1,000 living were as follows:—Administrative County .07 (.07 in 1936); Cambridge .04 (.05 in 1936); and Rural Districts .11 (.08 in 1936).

During 1937, the total deaths in the Administrative County from tuberculosis of all organs numbered 71 against 62 in 1936, of which 39 were in Cambridge (28 in 1936) and 32 in the rural area (34 in 1936). The mortality rates were .48 in the Administrative County, .50 in the Borough of Cambridge and .45 in the Rural Districts against .42, .36 and .47 respectively in the previous year.

Cancer.—There were 279 deaths attributed to cancer, against 284 in 1936, 276 in 1935, 248 in 1934 and 253 in 1933. Of these, 126 occurred in Cambridge and 153 in the rural area. Thus, for the first time since 1934 there has been a slight fall in the number of deaths attributed to this cause. The rates per 1,000 living were 1.87 in the administrative County, 1.63 in Cambridge and 2.15 in the rural area, against 1.92, 1.72 and 2.14 respectively in 1936, the rate for the country as a whole being 1.63. Again the number of deaths from cancer is higher than that from any other single cause except heart disease. Of the total number 53, or about one fifth, of the deaths occurred in individuals below the age of 55 years, so that, although the disease is mainly one of old age, it is not entirely so and a considerable number of people are carried off by it while still at an active stage of life.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Laboratory and Ambulance Facilities.—Generally speaking the arrangements under these heads are the same as in the previous year, but as regards ambulance facilities there is a voluntary ambulance at Soham which serves Soham, Isleham, Fordham and Wicken. It is managed by the Soham Motor Ambulance Committee, Hall Street, Soham. This has not been mentioned in previous reports and should be added to the list given in the report for the year 1935.

Nursing in the Home.—Consequent upon the coming into force of the Midwives Act of 1936, some re-arrangement of District Nursing Associations has been necessary and amalgamation of adjacent Associations has taken place in some instances. As it is generally impossible to dissociate midwifery and district nursing in rural areas, this has meant that certain district nurses now serve wider areas than was formerly the case, but it does not alter the fact that the whole County is covered by a nursing service, the details of the working of which have previously been described. The Wilbraham Association still remains unaffiliated to the County Nursing Association and Kennett is, as before, served by the Moulton (West Suffolk) District Nursing Association, though for midwifery the inhabitants have the right to make use of the Fordham Association's nurse.

Clinics, Treatment Centres and Hospitals.—No change is to be reported under these heads.

Public Assistance.—No outstanding developments under this head have taken place during 1937. The new male block at the County Infirmary, which was mentioned

as being in course of erection in last year's report, is nearing completion, but is still not quite ready for occupation by patients.

The increase in the use made of the maternity beds at the County Infirmary continues, there having been 132 admissions to them in 1937, as against 92 in 1936 and 80 in 1935.

The following figures set out the numbers relieved in the Public Assistance Institutions of the area during the year:—

<i>County Infirmary. Chesterton. Linton.</i>					
Able-bodied	...	...	—	22	50
Not able-bodied	...	571	176	149	
Insane	...	12	—	11	
Children (under 3)	...	205	—	6	
Vagrants	...	—	14,309	—	
		—	—	—	—
		788	14,507	216	
		—	—	—	—

There were also 47 children in the Children's Home, Ross Street, Cambridge, 58 not able-bodied persons in the Newmarket Institution and 1 in the Huntingdon Institution, as well as 8 children in the Newmarket Institution chargeable to this County.

The numbers of in-patients admitted during the year (sick only) are as follows:—

<i>County Infirmary.</i>	<i>Chesterton.</i>	<i>Linton.</i>	<i>Total.</i>
788	56	41	885

The figures include infants born in the County Infirmary.

Sick beds occupied during the year:—

		<i>County Infirmary.</i>	<i>Chesterton.</i>	<i>Linton.</i>
(a) Average	...	129	42	67
(b) Highest	...	141	48	73
(c) Lowest	...	113	39	60

The number of in-patients admitted to the Institutions as a whole was 165 more than in 1936, there having been increases of 162 at the County Infirmary and 20 at Linton, while there was a decrease of 17 at Chesterton. The average number of beds occupied at the County Infirmary increased from 111 to 129 and there was also an increase in this figure at Chesterton from 39 to 42, but at Linton the figure of 67 is the same as that of the previous year.

There was a further decrease in the number of casuals admitted, the number in 1937 being 14,309 as compared with 15,846 in 1936. This is less than half of the number admitted in the year 1932.

All three Institutions continued to be approved under Section 37 of the Mental Deficiency Act, 1913, and the necessity of making considerable use of the accommodation provided on account of pressure on the beds at the Royal Eastern Counties' Institution, Colchester, has continued during 1937.

There are no changes of note to report in the administration of Poor Law Medical Out-Relief.

The County Mental Hospital at Fulbourn continued to admit patients from both the Administrative County and from the Isle of Ely during the year. The total number of Cambridgeshire cases (Administrative County) in the Institution was 441, of which 180 were men and 261 women.

MIDWIFERY AND MATERNITY SERVICES.

Midwives Acts.—The County Council administers these Acts in the Rural Area of the County only, its powers being delegated in the Borough of Cambridge to the Town Council.

In January, 1937, notification of intention to practise was received from 56 midwives and in all, during 1937, 72 notifications were received. As usual, several notifications related to nurses undertaking holiday duties and to others wishing to take one or two cases only.

During the year, 137 routine visits of inspection were paid to midwives by the Superintendent of the County Nursing Association in her official capacity of Inspector of Midwives; 48 special enquiries were made by her or by the County Medical Officer of Health.

Two applications for scholarships under the County Council's scheme for ensuring the training of midwives were granted during the year, the amount offered being the usual one of £75 in each case. Up to the end of 1937, the Council had given 56 such scholarships.

The County Council paid its usual grant of £15 to the Cambridgeshire Branch of the Midwives Institute, and the Institute arranged a series of lectures throughout the year which acted as a "refresher course" for the midwives of both the Rural Area and the Borough of Cambridge, as well as for a few from neighbouring counties. The Council also paid the customary grant to the County Nursing Association for distribution to the District Nursing Associations in respect of the midwifery services provided by them. The grant was, however, augmented by the addition of a sum of £750 in the financial year 1937-38 to

cover the cost of the working of the Midwives Act of 1936 and it is clear that in subsequent years some addition will have to be made to this sum, in spite of economies effected by the amalgamation of districts.

In the year 1937, midwives attended 754 confinements, acting as midwives only in 415 and as maternity nurses under medical direction in 339. A total of 278 notifications was received from them as against 264 in 1936, comprising medical help for mother 203, for infant 30, liability to be a source of infection 30, death of infant 4, death of mother 1, still-birth 7, laying out the dead 2 and artificial feeding 1.

The total number of notifications received continues the increase noted in recent years and again the increase is made up in the main of a larger number of requests for medical help on behalf of both mother and child, but principally on behalf of the mother. The reasons for the increase were fully discussed in the report for 1936 and there seems no reason to vary the opinion then expressed that the two factors responsible are the County Council's ante-natal scheme and the great attention given to the subject of maternal mortality at the present time. As was pointed out then, there are advantages in the full use of the system of sending for medical help prescribed by the Midwives Acts and certainly it should not be the policy of the Council to discourage the midwives from using it on the score of expense. At the same time, it would be a pity if they were encouraged to fall back on it without adequate cause, as a certain amount of confidence in their own ability is necessary if they are to be of the fullest use to parturient women. The proportion of total births to which medical aid was summoned was 23.36 per cent. as against 21.8 per cent. in 1936 but the proportion of confinements attended by midwives for which this form of help was

required was 56.1 per cent. (for mother 48.9 per cent.) as against 60.1 per cent. in 1936. The apparent discrepancy between the figures is, of course, due to the greater number of confinements attended by midwives so that on the whole it seems fair to say that the *rate* at which this service is used has not increased during 1937.

The maternal death notified was due to uncontrollable post-partum haemorrhage caused by retained placenta. Medical aid was summoned, but even after removal of the placenta the bleeding did not cease and the practitioner concerned asked for the services of the consultant obstetric surgeon. By the time he arrived, however, the patient was moribund and no treatment was of any avail.

Of the four infant deaths, two were due to prematurity, one to spina bifida and one to a condition of white asphyxia from which the child made no recovery.

Enquiries were made into six cases of inflammation of the eyes of infants. All were described as slight and only in two cases was the source of infection thought to be possibly venereal. In neither of these, however, did bacteriological investigation confirm the suspicion. Complete recovery without impairment of vision resulted in every case.

Fifteen cases occurred in which suspension of a mid-wife from duty was necessary. In six of these the suspension was occasioned by a puerperal condition and in no less than five was inadvertent contact with scarlet fever the cause. This is due to the fact that midwives also act as district nurses and are called in to see cases of raised temperature in children which ultimately turn out to be scarlet fever. The remainder were septic conditions such

as tonsillitis and septic fingers occurring in the nurses themselves.

The arrangements for the working of the Midwives Act of 1936 were fully described in the report for that year. They duly came into force on July 1st, 1937 and there has been no difficulty in their working. In particular, the fears which were held concerning the amalgamation of districts have proved to be quite groundless and the work has proceeded smoothly. It has already been found, however, that the grant of £750 made by the County Council will prove insufficient and it has been agreed to augment it in future years by a further grant of £500 (£1,250 per annum in all, in respect of the Midwives Act, 1936).

MATERNITY AND CHILD WELFARE.

The work of the County Council under this head, as in the case of the working of the Midwives Acts, is confined to the Rural Area.

The total number of births notified from that area was 784, being 78 less than in the previous year. After deducting 22 still-births, there remain 762 notified live births (838 in 1936) or 79.2 per cent. of the total live births registered as having occurred in 1937, as against 87.7 per cent. in 1936.

It was stated in the report for 1936 that this figure had shown a tendency to rise somewhat in recent years, but in 1937 there was a very considerable fall, the reason for which is not apparent.

Midwives notified 560 births or 71.4 per cent. of the total, a considerable increase on the figure for 1936. No

doubt many of these were cases in which the midwife attended as a maternity nurse, however. Sixty-four children under the age of one year came to the notice of Health Visitors and Masters of Public Assistance Institutions in the course of their duties and were added to the list of children to be visited by Health Visitors, besides those placed there as a result of formal notification. Thirty children over the age of one year were similarly discovered. The usual exchange of information between the Public Health Department and Registrars of Births took place throughout the year.

The following figures give some account of visits paid by Health Visitors during the year:—

	<i>Expectant Mothers.</i>	<i>Up to Infants.</i>	<i>School Age.</i>	<i>Total.</i>
County Health Visitors	—	556	902	1,458
District Nurses	... 4,959	7,473	11,765	24,197
	—	—	—	—
Total for 1937	... 4,959	8,029	12,667	25,655
Total for 1936	... 4,324	7,607	13,784	25,715

The number of first visits to infants was 880, or 91.3 per cent. of those born alive. This is a fall of 1.1 per cent. from the figure of 1936, which was the best for a number of years. On the whole, however, it may be considered that the usual level of visitation has been well maintained. First visits to expectant mothers numbered 715, that is to say 74.3 per cent. of all expectant mothers were supervised in this way as against 74.9 per cent. in 1936 and 70.3 per cent. in 1935. All the findings were reported to the County Medical Officer and action was taken in respect of adverse conditions wherever possible.

The work under the provisions of the Children and Young Persons Act of 1932 with relation to boarded out

children under the age of 9 has continued on the usual lines, quarterly visits being paid in most cases and the first report on the home being furnished as a result of a personal visit by the Superintendent of the County Nursing Association. The number of instances of failure to comply with the provisions of the Act continues slowly to decrease. There were 3 cases of failure to notify intention to receive a child and 3 of failure to notify removal of a child (3 and 5 respectively in 1936). Actually it is only in cases of failure to notify reception that ignorance can justifiably be pleaded as an excuse, as a leaflet explaining the provisions of the Act is issued to all registered foster-mothers.

The customary interchange of information between the Public Health Department and various voluntary bodies on this matter has taken place.

The following details give some account of the extent of this branch of the work:—

Infant Protection Visitors at end of year	...	36
Homes inspected before or soon after reception		37
Approved	...	36
Not approved	...	1
Total number supervised	...	164
Children on register at beginning of year	...	116
New cases	...	48
Children removed from register:—		
Left administrative area with fostermother	...	8
Returned to relatives	...	9
Returned to a Home	...	9
Removed to County Infirmary		1

Attained the age of 9 years ...	15	
Adopted	3	
Transferred to other fostermothers	3	
Died	1	
		— 49
Remaining on register at end of year ...	..	115
Orders of Court made under Section 57 ...	Nil.	

The number remaining on the register at the end of the year is one less than the figure for the previous year, and this is the first year since 1933 that there has been an actual decrease in this number. It therefore looks as though the opinion that saturation point had been reached in this respect which was expressed in the report for 1936 was justified. Actually the number is considerably greater than that of very much larger counties and presumably this may be accounted for by the fact that such institutions as Dr. Barnardo's Homes consider that proximity to London and the rural character of the area make conditions for the boarding out of children extremely favourable.

The number of women assisted by the County Council's scheme for the provision of Home Helps reached its highest figure, 44, in 1937. In 1936 it was 36, as against 34 in 1935 and 32 in 1934, so that it would seem that what was a comparatively stationary figure is now showing a more marked tendency to increase. The usual difficulty in finding women suitable to undertake the work has been experienced and the practice of recent years of employing a considerable number of individual women each taking one case has had to be continued. No real disadvantage has appeared to have resulted from this arrangement and, though each woman has been interviewed by the Superintendent of the County Nursing Association, it has not been thought necessary to require the medical examination of a woman about to take a single case.

During 1937, 81 women were admitted to Addenbrooke's Hospital for abnormalities connected with pregnancy and parturition. This is far and away the highest figure ever recorded and it is certain that it must impose a very great strain on the facilities available at the hospital. Actually since the end of the year under review, a report on the maternity accommodation available at the hospital has been presented to the Maternity and Child Welfare Committee, and it is clear that improvements in certain respects are very desirable. Calculated as the number of admissions per 1,000 confinements the figure is 84.2, an enormous increase over the figure of 58.3 for the previous year, which was itself noted as being a very considerable rise over the figure of 49 which had ruled in each of the three years before that. It was pointed out in the report for 1936 that the Council's ante-natal scheme was probably the major factor responsible for this increase, and this opinion still holds good, but it is probable that the stress laid on the question of maternal mortality generally has so increased the fear of criticism in the minds of medical practitioners that they now send into hospital numerous cases which would previously have been delivered at home. Enquiry of the obstetric surgeon at the hospital confirms this view, as it is clear that many cases sent in as abnormal are ultimately delivered in a perfectly normal manner. All this causes considerable inconvenience to the hospital and expense to the County Council, but nevertheless it is impossible to refuse the facility to any practitioner who advises that it should be used in a particular case. The number of normal cases admitted to the County Infirmary was 132, of which 52 were from the rural area. Thus both the total figure and the number from the rural area show large increases, the respective figures for 1936 being 92 and 31. If this rate of increase continues, and it has been doing so for a number of years now, considerable revision of the

accommodation provided at the County Infirmary for this work may become necessary in the near future.

As in former years, the Council has undertaken financial responsibility for some of the cases from the rural area admitted to the Ely Diocesan Home, Bateman Street, Cambridge. Though the scope of this work is necessarily limited, its value is considerable and the continued support of the Council is well worth while. One case was being maintained in the home by the Council at the beginning of 1937 and two were admitted and accepted during the year. Certain alterations to the home have been carried out involving the provision of a lying-in ward of two beds. This is a great improvement as it obviates the possibility of a case having to be delivered in one of the larger wards and is more convenient in other ways.

The County Council's consultant obstetrician undertook 11 consultations with private practitioners in the homes of the patients as compared with 2 in 1936. Of these only two concerned cases of puerperal pyrexia. The considerable rise in the number of cases brings the figure back to that recorded in 1934, since which year there had been a continuous decline in the number of these consultations up to 1936. The rise is no doubt due to the circular letter which was sent out during the year reminding practitioners of the existence of the facilities and it is clear that in one or two cases their use saved the admission of the woman concerned to hospital.

The arrangements for ante-natal and post-natal examinations of midwives' cases by medical practitioners continued unchanged during 1937 and their working has proceeded extremely smoothly. Any necessary treatment of defects has continued to be made available by means of the

issue of a medical aid form by the midwife to whom the defect is reported whenever this course is appropriate.

Many practitioners have expressed the view that the tenth day of the puerperium is too early for the post-natal examination and consider that a date somewhat later than a month after delivery would be a more satisfactory time to carry it out. In the latest report issued by the Ministry of Health on the subject, the desirability of two post-natal examinations is stressed, one at or about the tenth day of the puerperium and one two months after delivery. At the time of writing, the Maternity and Child Welfare Committee has decided to authorise two examinations on these lines and one or two patients have already been examined in this way. The arrangements were not in force at the end of 1937 and a discussion of them does not properly form part of a report on the work of that year. The tendency to neglect even one post-natal examination has been mentioned in previous reports and it is not anticipated that the second examination will be accepted by a very large number of women at first.

The following represents the number of examinations carried out during the year 1936:—

Examinations at the 16th week	...	...	307
Examinations at the 32nd—36th week	...		289
Post-natal examinations	...	...	224
			—
	Total	...	820
			—

The number of individual women examined antenatally during the year was 434, an increase of 118 over the figure for the previous year. This figure represents 43 per cent. of the total confinements as against 34 per cent. in the previous year. The value of this figure is not so

great as that of the percentage of cases delivered by midwives examined ante-natally, but even the latter figure is liable to fail to give an accurate idea of the position. In the year 1937 the apparently anomalous figure of 105 per cent. has to be recorded, and this is explained in a variety of ways. In the first place each ante-natal examination in a given year does not necessarily correspond with a confinement in the same year and secondly, as the detailed figures show, some cases have to be transferred to a doctor's care or admitted to hospital after ante-natal examination, while others no doubt leave the county between the times of ante-natal examination and delivery. However, it is very evident that an extremely satisfactory proportion of midwives' cases are availing themselves of the facilities provided. The corresponding figure in 1936 was 88 per cent.

The number of post-natal examinations has increased considerably, being 224 in 1937 as against 142 in 1936. In contrast to the figure in respect of ante-natal examinations, the percentage of midwives' cases examined in this way must represent a fairly accurate index of the extent to which this facility is being used, since the post-natal examination in respect of a given confinement usually takes place in the same year and the proportion of cases removed to hospital between the date of delivery by a midwife and the appropriate date for post-natal examination is comparatively small. The percentage in 1937 was 54 as against 39 in 1936, so that it may be hoped that the importance of post-natal examination, which has been stressed in previous reports, is gradually being brought home to the women concerned.

The findings on ante-natal and post-natal examinations may be summarised as follows:—

Ante-natal examinations at or about the 16th week.

(1)	(2)	(3)	(4)	(5)
To be delivered by Midwife.	Transferred to care of Doctor.	Referred to Hospital.	Consultant's opinion obtained.	Institutional delivery desirable.
284	9	8	3	12

Ante-natal examinations between 32nd and 36th weeks.

To be delivered by Midwife.	Transferred to care of Doctor.	Referred to Hospital.	Consultant's opinion obtained.	Institutional delivery desirable.
272	8	4	4	7

Post-natal examinations.

(1)	(2)	(3)	(4)
<i>Arrangements Reference</i>			
Cases taken a normal course.	Treatment required.	made for treatment.	to Hospital desirable.

200	104	81	9
-----	-----	----	---

As last year, the proportion of cases likely to take an abnormal course is comparatively small, but their detection is nevertheless of great value.

The proportion of cases requiring treatment after post-natal examination is unduly high, because all women requiring dental treatment are included.

Individual cases are sometimes included in more than one column, so that the total obtained by adding the columns together does not necessarily equal the total number of examinations.

Only one case of ophthalmia neonatorum was notified during the year. It was admitted to hospital and, as is the usual fortunate experience nowadays, made a complete recovery.

Relief nurses were supplied by the County Nursing Association in 80 cases during 1937 and 14 mothers were referred to the Cambridge and District Surgical Aid Association for assistance for dental treatment, spectacles and surgical appliances. Thirty-five letters of introduction to Addenbrooke's Hospital were given, 6 of which were for ante-natal or post-natal advice and 29 for children.

As was mentioned in the report for 1936, some modification was made during 1937 in the arrangements for the supply of milk to expectant and nursing mothers and to young children. Previous to that year it had been the custom not to supply unless financial need and some degree of ill-health existed in the individual concerned. Clearly, this did not entirely fulfil the main purpose of prevention for which the public health services are presumed to exist and it was hoped that it would be possible to give milk on financial grounds only. It was ultimately decided that this was not possible, but the phrase "health grounds" was substituted for that of "medical grounds" which had previously governed the matter, as a result of which it is now possible to give milk to all expectant and nursing mothers showing financial need and to all children in whose case an insufficient supply of milk constitutes an obvious danger to health. The chief alteration in the arrangements apart from this, was the decision to order milk from an "accredited" producer wherever possible, in contrast with the previous custom whereby the mother concerned was supplied with extra milk from a producer of her own choosing. It was realised that this would not be possible in every case owing to the fact that there is not always a sufficiently accessible accredited producer, but in actual practice the working of the scheme has been even more limited than was anticipated, as many of the accredited producers in the County have wholesale licences only and

therefore have not felt able to undertake the supply of individual women in their own, or adjacent, villages. At the beginning of the year, 27 individuals were in receipt of milk under the scheme. Thirty-eight were added during the year, making a total of 65 supplied as against 59 in 1936.

There are no changes to report in the arrangements for orthopaedic treatment. During 1937, 318 clinic visits were made by children under five years of age, 33 of the cases being new and 118 being old. The Staff of the clinics paid 77 visits to children of this age in their own homes and 11 letters of introduction to the orthopaedic clinic at Addenbrooke's Hospital were given in respect of children under school age from the County Public Health Department.

Infant Welfare Centres.—During the calendar year 1937, no additions to the number of infant welfare centres at work in the rural part of the County was made, but a new centre was opened at Bourn in the early months of 1938 and some figures relating to it will appear in one of the tables following. The impending move of the Bottisham centre from Lode Village Hall to Bottisham Junior School which was mentioned in the 1936 report has now actually taken place and this reduces by one the number of centres not providing a separate consulting room for the medical officer. By the generosity of a private benefactor, a considerable extension to the premises in use at Sawston has been made, including a new consulting room and a well lighted play room for children. This latter is a great boon to those visiting the centre to give talks on various subjects to the mothers as it enables the children to be removed from the care of their mothers in the main hall while the talks are being given.

The work of the centres during 1937 is shown by the following figures:—

		<i>Under one year.</i>	<i>One to five.</i>
Number of children attending			
at end of year	...	...	617
Attended for first time	...	232	83
Total attendances	...	1,703	4,088

All these figures show increases as compared with those for the previous year.

Of the total notified births, 30.0 per cent. attended infant welfare centres for the first time in 1937 as compared with 21.9 per cent. in 1936, 21.6 per cent. in 1935 and 18.6 per cent. in 1934.

The work of the individual centres is set out for the financial year ended March 31st, 1938, in the table hereunder:—

	<i>Children on Register.</i>	<i>Number of Sessions.</i>	<i>Doctor Attended.</i>	<i>Educational Sessions.</i>
Bottisham	...	29	9	6
Bourn	...	101	3	—
Burwell	...	56	11	6
Cottenham	...	45	13	4
Fordham	...	65	12	7
Girton	...	77	26	6
Great Shelford	71	22	11	6
Harston	...	53	13	11
Histon	...	137	24	—
Linton	...	30	12	6
Sawston	...	131	25	8
Soham	...	67	19	2
Waterbeach	...	75	12	3

The number of children on the Register, 937, represents an increase of 138 as compared with the number in 1936-37. The bulk of this increase is made up of the children at the Bourn centre, which did not appear at all in the report for 1936, and at the Girton centre which was then quite new and had not had time to develop to its full extent. On the other hand, the Trumpington centre, situated in the Borough of Cambridge, now disappears from the list as no grant is being paid by the County Council and, so far as is known, no Grantchester children attended there during 1937. At the time of writing it is hoped to cater for their needs in a new centre to be established at Coton.

The number of centres providing dental treatment and the arrangements for ante-natal advice at the centres are unchanged. At Sawston the Health Visitor continues to examine expectant mothers in a cottage formerly occupied by her.

The ante-natal clinic at Addenbrooke's Hospital is held each Friday at 11.30 a.m., but it is not subsidised by the County Council. It has proved useful in those cases examined under the Council's domiciliary scheme in which the doctor has indicated that a consultant's opinion should be obtained, or that reference to hospital is desirable.

Registration of Nursing Homes.—There was no change in the arrangements for the carrying out of this work during 1937.

One new application for registration was received during the year. It concerned a nursing home in the Borough of Cambridge and registration for four general medical cases to include an occasional maternity case was requested. It was not proposed to have a certified midwife on the staff, but the registration in the form asked was granted on condition that no maternity case should be taken without the

engagement of a certified midwife and that the name of the midwife it was proposed to engage should be submitted to the County Medical Officer beforehand.

The three nursing homes in the Rural Area continued their work and there were no new applications for registration. All the existing homes were inspected and found satisfactory.

Cambridge Borough.—Seventeen midwives gave notice of their intention to practise during the year. There were notified 1,042 births and registered 1,043, the percentage of total births notified therefore being 99.9, the same figure as that of the previous year, which was the highest since 1921 when it was 100. Sixty-five per cent. of the notifications were received from midwives. Thirty-five per cent. of the births occurred in Nursing Homes and Hospitals. Medical help was required by the mother in 13.4 per cent of confinements attended by midwives.

The following is a record of the home visits paid by the Health Visitors:—

First visits to Infants	...	...	844
Subsequent visits to Infants	...	...	2,681
Visits to Children 1—5 years	...	...	3,870
First visits to Expectant Mothers	...	...	153
Subsequent visits to Expectant Mothers	...	...	122
Visits under Children's Act	...	...	141
Other cases	...	...	268
			—
Total	...	8,079	—

There are six Infant Welfare Centres in the Borough. During the year 10,400 attendances were made by 354 infants under the age of one year and 744 children between

the ages of one and five years. First attendances numbered 557 (413 under the age of one year and 144 between the ages of one and five years).

The ante-natal clinic was attended by 186 women as against 151 in 1936. Of these 164 attended for the first time. The number of women examined under the ante-natal scheme by general practitioners was 120, the same number as in 1936.

Forty-six cases were maintained by the Town Council in Addenbrooke's Hospital and sixty-eight in the County Infirmary. Forty-five home helps were provided, a slight decrease in the use of the service as compared with that of the previous year.

The dental treatment of mothers and children continued during the year, 120 mothers being inspected and treated and 516 children being enrolled under the Maternity and Child Welfare Dental Scheme. A total of 1,084 attendances was made of which 592 were made by children.

ISOLATION HOSPITALS.

The three isolation hospitals, namely those managed by the Borough of Cambridge, the Chesterton Rural District and the Newmarket Rural District, remained unchanged as to the extent of their accommodation during the year, but the Chesterton Hospital at the time of writing has ceased to admit patients because of the approval by the Ministry of Health of the County Council's scheme for isolation hospital provision which did not include the Chesterton Hospital.

The Borough Hospital and the Newmarket Hospital were both inspected and, on receipt of the customary

reports, the Public Health Committee recommended the payment of the usual grants in respect of them.

After much consideration and revision which has previously been detailed, the County Council has finally submitted to the Ministry of Health under the provisions of Section 63 of the Local Government Act of 1929 a scheme relating to isolation hospital accommodation whereby the Cambridge Borough Hospital is to admit cases of infectious disease other than small-pox from the Borough of Cambridge, and the Rural Districts of Chesterton and South Cambridgeshire, and the Newmarket Hospital is to admit cases from Newmarket Rural District. The Chesterton and South Cambridgeshire Rural District Councils are to have representation on the Committee of Management of the Borough Hospital, but no Joint Board or Joint Committee is to be constituted. In consideration of the enlarged area from which the hospital is to accept cases, the Ministry of Health has required the provision of 70 beds there instead of the existing 62 beds. No alterations to the Newmarket Hospital are necessary.

As a result of this, the Chesterton Rural District Council has decided to abandon its proposals for the extension of its hospital at Oakington and the staff, who secured engagements elsewhere, has not been replaced so that the hospital is now standing empty.

No definite scheme for dealing with small-pox has been formulated, but the Borough Smallpox Hospital is still standing and could presumably receive cases in emergency, though it is in an almost derelict condition. Obviously, however, the Chesterton Isolation Hospital will make an ideal unit for smallpox accommodation and preliminary

negotiations have been begun with the Chesterton Rural District Council for its acquisition for this purpose by the County Council.

TUBERCULOSIS.

The following figures relate to new cases of tuberculosis coming to the knowledge of the Medical Officers of Health during the year, by formal notification or otherwise:—

Age Periods.	Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.
0	—	—
1	—	1
5	1	—
10	1	1
15	4	3
20	7	2
25	11	9
35	10	3
45	14	3
55	3	3
65 and upwards	6	3	—	—
	57	28	16	25

Of the foregoing in 16 cases information was derived through channels other than formal notification, a considerable reduction as compared with the rather large number of cases coming to light in this way in 1936. Of the 16, death returns from local registrars accounted for 7, transferable deaths from the Registrar General 1, posthumous notifications 1, and transfers from other areas of cases notified there (not transferable deaths) 7. Thus

only about half the number (those ascertained from the local registrars and the posthumous notification) can be criticised as possible evidence of neglect to notify and in actual fact there is no suspicion that there is any widespread wilful neglect in this matter at all. The ratio of non-notified deaths to total deaths is about one to eight.

The numbers of cases remaining on the Registers of Notification kept by the District Medical Officers of Health on December 31st, 1936, after deducting deaths, recoveries, removals, etc., were as follows:—

		<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Pulmonary	...	334	188	522
Non-Pulmonary	...	155	175	330
		489	363	852

The total number is one less than that of 1936, there being one more pulmonary case and two less non-pulmonary cases. Once again every effort has been made to ensure that the registers are effectively revised throughout the year, but there is a probability that discrepancies are creeping in from time to time and it will be desirable in the near future to undertake wholesale revision such as was carried out a few years ago.

Table I. at the end of this report classifies the deaths from tuberculosis under their respective age periods.

No legal action under the Public Health (Prevention of Tuberculosis) Regulations of 1925 (prevention of the handling of milk by infectious persons) or under Section 62 of the Public Health Act of 1925 (compulsory removal to hospital) was taken during the year.

Dispensary and Homes.—The work of the Tuberculosis Dispensary at 1, Camden Place, continued throughout 1937 and there have been no changes in staff. Dr. Paton Philip is responsible for the clinical tuberculosis work in the whole administrative County and is assisted by one whole-time Tuberculosis Nurse. In addition the District Nurses carry out a large part of the visitation in both the Borough and the Rural Area. The following figures give some account of the work:—

1. Cases examined or treated at the Dispensary:—

		Borough.	Rural.	Total.
New Cases	...	440	343	783
Old	,,	232	280	512
		672	623	1,295

2. Visits by patients to Dispensary:—

	Borough.	Rural.	Total.
Insured Persons	...	510	384
School Children	...	144	196
Other Uninsured Persons	357	312	669
	1,011	892	1,903

3. Visits to Homes:—

(a) *By Tuberculosis Officer:*—

	Borough.	Rural.	Total.
Insured Persons	...	74	221
School Children	...	163	170
Other Uninsured Persons	69	296	365
Total 1937	...	306	687
,, 1936	...	328	852
			1,180

(b) *By Dispensary Nurse:*—

			Borough.	Rural.	Total.
Insured	...	...	212	341	553
Uninsured	...	...	150	384	534
			—	—	—
Total	1937	...	362	725	1,087
,,	1936	...	402	722	1,124

(c) *By General Nursing Staff:*—

			Borough.	Rural.	Total.
Insured	...	...	247	360	607
Uninsured	...	...	143	411	554
			—	—	—
Total	1937	...	390	771	1,161
,,	1936	...	268	748	1,016

Grand total home visits:—

			Borough.	Rural.	Total.
1937	...	1,058	2,183	3,241	
1936	...	998	2,322	3,320	

The Tuberculosis Officer undertook 542 personal consultations with medical practitioners during the year and 1,679 by correspondence or otherwise.

Of the 783 new cases examined, 116 were contacts of whom 5 proved to be infected. This proportion is somewhat higher than in either of the last two years. Of the remaining 667 new patients who were examined on account of symptoms, 112 were found to be suffering from tuberculosis and 555 from other conditions. During the year, 54 names were removed from the dispensary register as having recovered, 66 as having died and 39 as not requiring further assistance for one reason or another, a total of 159. In

addition 671 names were removed as non-tuberculous, the bulk of this figure being made up of the 555 new cases mentioned above as suffering from conditions other than tuberculosis. At the end of the year, 531 names remained on the dispensary register as against 568 at the end of 1936, 95 having at some time or other had tubercle bacilli present in the sputum.

Specimens of sputum examined at or in connection with the Dispensary numbered 378 as against 322 in the previous year, tubercle bacilli being found in 82 specimens. The Tuberculosis Officer carried out 2,411 X-ray examinations as against 2,202 in the previous year, 2,148 being cases where films were taken and 263 requiring screen examination only. The extreme importance of X-ray work in connection with the diagnosis and treatment of tuberculosis has been emphasised in so many previous reports that it seems hardly necessary to refer to it again, but there can be no doubt that the extensive use which is made of it in Cambridgeshire is contributing in no small measure to the control of the disease.

The arrangements for the carrying out of artificial pneumothorax, which were somewhat of an innovation in 1936, have continued throughout 1937 and have worked very well. The total number of patients receiving this form of treatment during the year was 15, the actual number of refills being 241.

Thirty-one cases received dental treatment at the Dispensary under the scheme established for tuberculous patients, as against twenty in 1936. Of these, twenty-seven were new cases compared with sixteen in 1936.

Care and After-Care.—The Cambridgeshire Tuberculosis After-Care Association maintained its activities in 1937 and the usual favourable circumstances operated to secure

co-ordination of its efforts with those of the County Council and its officers, the Tuberculosis Officer acting as Honorary Medical Adviser and his clerk, Miss Amey, as Honorary Secretary. The grant paid by the County Council was £100 in the financial year 1937-38 and in addition the Association received subscriptions from certain Friendly Societies and from a number of private individuals. The two customary activities of the provision of extra nourishment for adults and the supplementing of wages of part-time workers were undertaken.

During the year 36 cases were assisted, 13 men and 23 women. Twenty-three of these were insured under the National Health Insurance Act. Of the total number 19 were doing full-time or part-time work at the end of the year, 5 had died and 12 were still under treatment.

The care of children, which does not form part of the work of the After-Care Association, was undertaken as usual by the County Council. Milk was supplied to 16 tuberculous or pre-tuberculous children during the year and a certain number of pre-tuberculous children received cod-liver oil and malt in school through the Education Committee.

Sanatorium Accommodation.—Thirty beds continued to be reserved at the Papworth Village Settlement and in addition to the admissions there, some of which were to the new surgical block, cases went to Bramblewood Sanatorium, Brompton Hospital, Frimley, Ventnor and Haslemere.

Surgical cases have been treated at Addenbrooke's Hospital, the Shropshire Orthopædic Hospital, the Wingfield Hospital and the Hospital of St. Nicholas, Pyrford.

The following figures indicate the extent of sanatorium treatment during 1937:—

		<i>In Sanatoria Admitted</i>	<i>Total</i>	
		<i>Jan. 1st, 1937.</i>	<i>Since.</i>	<i>Treated.</i>
Adult Males	...	37	38	75
Adult Females	...	19	25	44
Children	...	8	6	14
		—	—	—
		64	69	133
		—	—	—

Thus 69 new patients were admitted as compared with 66 in the previous year.

The number of pulmonary cases receiving surgical treatment was 7, the figure comprising 2 cases of thoracoplasty, 1 of phrenic evulsion, 3 of thoracoscopy and 1 of pneumolysis.

The following figures indicate the immediate results of sanatorium treatment (observation cases excluded) in patients discharged during the year:—

		<i>Not Quiescent.</i>	<i>Died in Quiescent.</i>	<i>Sanatorium.</i>
Pulmonary:				
No T.B. in Sputum	...	11	—	—
T.B. in Sputum:				
Early	...	6	1	—
Middle	...	9	2	3
Late	...	—	—	9
Non-Pulmonary:				
Bones and Joints	...	2	—	—
Abdominal	...	3	1	1
Other Organs	...	1	—	—
Peripheral Glands	...	3	—	—

Once again the extremely favourable results of early treatment may be noted and although the early cases showing tubercle bacilli in the sputum do not show the 100 per cent. quiescence on discharge from sanatorium which has been the experience of the two previous years, the figures, taken in conjunction with those of 1935 and 1936, are sufficiently impressive to make it plain that the prompt and effective treatment of all types of case at an early stage is productive of excellent results.

It is clear that the facilities provided by the Council continue to be used to their full capacity and that the Tuberculosis Officer and his staff are in no way diminishing the keenness and vigour of their attack on the disease. Now that the incidence and death rate have been reduced to such a low level, further spectacular progress cannot be expected in the absence of some new method of treatment, but there can be no doubt that the steady pressure which is being exerted will produce a further sure, if slow, improvement in the state of affairs.

VENEREAL DISEASES.

Addenbrooke's Hospital has continued to provide facilities for the treatment of these conditions, which have been maintained jointly by the County Councils of Cambridgeshire, the Isle of Ely and Huntingdonshire. Drugs have been supplied to practitioners experienced in their use for the treatment of patients privately and the Cambridgeshire Branch of the British Social Hygiene Council has again undertaken propaganda work.

Tables I., II. and III., hereunder, give details of the work of the clinic, the first two relating to all patients treated and the last dealing with the Administrative County of Cambridge only.

TABLE I.

		Male.	Female.	Total.
Under treatment on January				
1st, 1936	... ... ...	96	74	170
Old cases re-admitted	... ...	25	14	39
"First time" patients during				
1936	... ... ... ...	105	56	161
Total under treatment	...	239	146	385
Left without completing treat- ment	... ... ... ...	27	19	46
Completed treatment but not				
final tests	... ... ...	25	9	34
Completed treatment and tests		67	38	105
Transferred to other Treatment				
Centres	... ... ...	31	18	49
Under treatment at end of year		89	62	151
Out-patient attendances:				
(a) On Clinic days	... ...	1,323	737	2,060
(b) On intermediate days	... ...	4,937	369	5,306
(c) Total	... ... ...	6,260	1,106	7,366
Aggregate "In-patient days"	...	344	455	799

TABLE II.

	Other Cambs. Counties.	Total 1937.	Total 1936.
New out-patients during 1936 (first time)	106	55
Total out-patient attendances (in- cluding inter- mediates)	6,453	913
Aggregate "In- patient days"	425	374
		799	799
		1,185	1,185

TABLE III.
CAMBRIDGESHIRE PATIENTS.

		1937.	1936.	<i>Increase or decrease per cent.</i>
New out-patients	...	106	172	-- 38
Total out-patient attendances (including intermediates)	...	6,453	7,188	-- 10
Aggregate " In-patient days "	...	425	775	-- 45

Table III. shows that there has been a remarkable decrease in every group, so far as Cambridgeshire patients are concerned. As part of this decrease, the number of cases of syphilis fell from 34 to 19, a rather curious feature, as attention had been drawn to a marked rise in 1936. The figure of 19 is one less than the figure recorded in 1935. Certainly the decline as compared with that year is not striking, but at least it may be assumed that the very considerable rise which took place in 1936 was due to some temporary and unexplained cause and did not constitute a definite reversal of the downward tendency in this figure which has been manifest in recent years. The number of patients suffering from gonorrhoea also shows a fall from 69 to 46, continuing the marked diminution in the number noted in the previous year (the total from all areas was 74 in 1937 as against 102 in 1936). It is difficult to know what is the real significance of this fall. Expert opinion is inclined to the view that there is no real fall in the incidence of gonorrhoea and yet it seems difficult to believe that so remarkable a fall over the last three years is not in some degree a reflection of a lower incidence in view of the increased education of the public and the diminished attitude of shame in respect of these matters which are features of

moderu existence. The ratio of new gonorrhoea patients to new syphilis patients (all areas) was 2.9 to 1, a slight improvement as compared with the figure of the previous year, though it may be questioned whether it is really satisfactory. It is still somewhat lower than the 1935 figure. Thirteen women sought treatment for gonorrhoea as against 22 in the previous year and this figure may perhaps be regarded as the most unsatisfactory of all, since it is this tendency among women to regard conditions simulating gonorrhoea as natural which remains the chief reservoir of infection. The ratio of female to male patients was 1 to 4.6, definitely worse than the figure for the previous year and actually not so good as the figures for 1934 and 1935.

Sixty-two patients attended who were found not to be suffering from venereal disease, the lowest figure since 1932. Here again, the sudden fall from the figure of 97 for the previous year (the highest recorded) seems a little difficult to understand. The number represents 38 per cent. of the total new cases, only 1 per cent. less than the figure for 1936, but, of course, the fact that the percentage is not lower is due to the drop in the total number of new cases. There is no reason why the drop in the total number of new cases should be accompanied by a drop in this particular figure unless it can be assumed that the total amount of exposure to risk has diminished. Unfortunately such an assumption is not yet warrantable, though the experience of future years may provide increasing evidence of this state of affairs.

Laboratory Diagnosis.—No change in the arrangements occurred during 1937. Including specimens sent from the clinic (537) the number of specimens tested by the Wasserman reaction was 651 and the number examined bacteriologically was 387 as against 494 and 513 respectively in the previous year.

Propaganda Work.—Lectures in both the Borough of Cambridge and in the Rural Area have been organised by the Cambridgeshire Branch of the British Social Hygiene Council.

Dr. I. Feldman again lectured in one of the picture houses of the Borough, the film "Trial for Marriage" being the same as that shown in the previous year.

The village campaign was actually the second in the calendar year 1937, but it was explained in the report for the year 1936 that the earlier one properly belonged to that year and an account was therefore given of it there. The second campaign took place in the autumn and the villages of Fulbourn, Histon, Melbourn and Willingham were visited, the lecturer being Dr. Hall. The film "Trial for Marriage" was shown in some instances and "A Test for Love" in others. Some difficulty was experienced in producing the voice parts of the films satisfactorily owing to the acoustic properties of the halls and it has been decided that in future years silent films may have to be shown in such cases. The audiences were not so good as in the previous campaign, the highest number being 80 at Willingham and the lowest 50 at Fulbourn.

The Branch has suggested to Women's Institutes that the subject might be a suitable one for consideration by them, but the response has not been encouraging, only one Institute, that at Waterbeach, so far having asked for a lecture. This was duly given by a medical woman to an audience of 40 women and girls.

Now that the treatment of syphilis and the prevention of eye complications in infants born by mothers suffering from gonorrhoea are becoming so successful, the destructive effects of the venereal diseases will tend to become less and

less manifest. It cannot be too strongly emphasised, however, that the need for their prevention is still great and efforts to educate the public in this difficult but important matter ought not to be relaxed. Unfortunately much difference of opinion as to the form which this instruction should take still exists and the resulting divided counsels continue to facilitate the spread of the conditions with much consequent misery and suffering to innocent and guilty alike. No preventive advances comparable to those made in respect of the sister scourge, tuberculosis, can yet be claimed.

CANCER.

The facilities for the treatment of this disease have not changed since the report on the year 1936 was written.

The lectures previously arranged by the Rural Community Council and the Federation of Women's Institutes to men and women respectively have been discontinued and, so far as is known, only one lecture has been given by the British Empire Cancer Campaign. This took place in the Borough of Cambridge.

The following is the age and sex distribution of the total of 279 deaths which have occurred in the area:—

<i>Age Periods.</i>	<i>Male.</i>	<i>Female.</i>
15—25	1	—
25—35	3	3
35—45	3	9
45—55	9	25
55—65	23	36
65—75	43	52
Over 75	30	42
	—	—
	112	167
	—	—

MENTAL DEFICIENCY ACTS.

During the year, 26 cases newly notified under the provisions of the Mental Deficiency Acts were reported upon to the Committee. Of these, 3 were notified by the County Education Committee, 8 by the Borough Education Committee, 3 by the Police, 4 through the Public Assistance Committee, 5 by the Cambridgeshire Voluntary Association for Mental Welfare, and 3 privately.

The instructions given regarding the foregoing new cases were as follows:—

Petition for Certified Institution ...	6
Order made by Court	3
Statutory Supervision	10
Voluntary Supervision	7

Five of the new cases requiring admission to an institution were admitted in 1937 and also eight others previously approved. The number therefore actually admitted to institutions during the calendar year 1937 was 13. Leave of absence was granted in three new cases, with a view to eventual discharge or guardianship if successful, the total thus on trial at the end of the year being 20.

Since 1913 when the Council first began to administer the Acts, 171 defectives have been placed under statutory supervision, 232 have been sent to institutions and 21 have been placed under guardianship. Allowing for deaths, discharge to homes and transfer to other institutions, there remained at the end of the year under review 151 cases who were under Order for maintenance in institutions and 16 under guardianship, while 96 were under statutory supervision in their homes, making a total of 263 under the control of the Local Authority. Of the 151 patients in

institutions under Order, 20 were allowed out on licence, the net number actually in institutions being 131, of whom 3 were maintained in State Institutions for violent defectives by the Central Authority. There were also 50 defectives in receipt of Poor Relief (8 in institutions and 42 domiciliary) with regard to whom no such action has yet been taken, making a total of 313 defectives subject to be dealt with. In addition there are ascertained by the Local Authority 246 defectives under voluntary supervision in their homes, 16 maintained by relatives or others in institutions and one defective whom the Local Authority are assisting to maintain in an institution under their permissive powers, any of whom may at any time become subject to be dealt with.

Excluding high grade defective children, ages 7 to 16 years, this brings the number of known defectives to 576, equivalent to 4.0 per 1,000 of the census population.

As in previous years, the Cambridgeshire Voluntary Association for Mental Welfare has continued to give valued help in the home visitation of cases under both statutory and voluntary supervision, the making of enquiries and the work of ascertainment, receiving a grant from the County Council for its services. A separate grant is paid by the Council in respect of the Occupation Centre, which is managed by the Voluntary Association and provides some training and occupation for ineducable children and young adults.

In 1937, 315 home visits for supervision and advice were paid to mentally defective persons referred to the Association by the Council under the Mental Deficiency Acts, 214 visits to children referred by the County and Borough Education Committees and 494 visits to non-statutory cases, a total of 1,023 visits. The average daily

attendance at the Occupation Centre at the end of the year was 17.5 as against 16 to 17 in 1936.

The number of visits paid is nearly twice that of the previous year and this is due to the fact that the Voluntary Association appointed a new member on the staff to assist with the work. The number in attendance at the Occupation Centre increases slowly, and it is hoped that the change over from half-day working to full day working will produce a further growth. The Centre is of great importance in that by providing defectives with controlled activities it develops their self discipline to the maximum extent possible and leaves them with less unoccupied time in which to get into mischief. The need for institutional treatment is thereby diminished and, in addition, harassed relatives are relieved of the strain imposed by their care for a certain part of the day.

In spite of the large number dealt with by means of institutional treatment during the year, this part of the work is becoming increasingly hampered by lack of beds. The Council has still more than its allotted number at the Royal Eastern Counties Institution and is being pressed to remove some of them. The proposed extension has been approved in principle by the Board of Control, but there is no indication as to how long it will be before the principle is evident in practice and the various subterfuges to which resort may be had for the purpose of creating an available bed are almost, if not quite, exhausted.

BLIND PERSONS ACT.

The Cambridgeshire Society for the Blind has continued to act for the County Council in respect of most of the provisions of this Act. In the financial year 1937-38 the Council's grant to the Society was £1,220.

At the end of 1937 there were 219 names on the register, of which 94 were those of blind persons in the Borough of Cambridge and 125 those of blind persons in the rural area. The corresponding figure for the end of 1935 was 233 and, during 1937, 23 new names were added to the register and 37 were removed owing to deaths, departure to another area, or decertification (4 cases). On March 31st, 1938, there were also 32 cases on the observation list.

The age distribution of the cases remaining on the register at the end of 1936 was as follows:—

	0-5.	5-16.	Over 16.	Total.
Borough	—	94
Rural	—	125
	—	2	217	219

For the ninth year in succession no cases of blindness in children under the age of 5 have been recorded and, though it may be too much to hope that no cases will ever occur in the future, since there are certain cases of congenital blindness which can neither be foreseen nor prevented, it is clear that the practice of prophylactic measures is likely to keep the number down to a minimum.

The percentage distribution of cases of blindness at 31st of March, 1938, was as follows:—

Over 50	...	...	84 per cent.
Between 21 and 50	...	14 per cent.	
Under 21	...	2 per cent.	

These figures show an increase of 2 per cent. in the highest group, and a decrease of 2 per cent. in the middle group as compared with the corresponding figures at the same date in 1937.

On 31st March, 1938, 189 persons were described as unemployable as against 197 on the corresponding date in the previous year. Of the remainder of blind persons over the age of 16 there were 13 employed as Home Workers and 15 employed elsewhere. None were employed in workshops for the blind, but one was registered as trainable and awaiting training and one was under training.

The Home Teachers paid a total of 2,966 visits during the year ended December 31st, 1937, of which 1,291 were in the Borough and 1,675 in the rural area.

The Society submits to the Council figures as to the work done at the end of each quarter.

HEALTH EDUCATION.

As in previous years, the great stand-by under this heading has been the regular work of Health Visitors in the homes of the people, coupled with the advice given to individuals by both medical officers and nurses at Infant Welfare Centres, by the Tuberculosis Officer and his staff and by the Assistant School Medical Officer. In addition, as will be seen by reference to the table on page 34, the Infant Welfare Centres arranged educational sessions at which talks to mothers were given on various subjects by individuals, expert or particularly interested in their respective spheres. The lectures on Mothercraft to the older girls at Sawston Village College were continued during 1937, and, as usual, were given by a member of the central staff of the County Nursing Association.

The Dental Board of the United Kingdom repeated its campaign of a fortnight's duration and lectures were given to children in both elementary and secondary schools on the

care of the teeth. The Board has concurred in the view that parents often stand in need of these lectures to an even greater extent than the children and has agreed that they may be invited to attend in future years. It is surprising how much ignorance there is on this subject and how frequently the school nurses are told by mothers that they will take their children for treatment when they suffer from toothache and not until then.

As was mentioned in the report for the previous year, lectures on cancer to women were discontinued and it was resolved that the money which had been used for this purpose should be devoted to the financing of lectures on nutrition. Twelve lectures were given by Mr. T. R. Parsons on this subject, the villages concerned being Bourn, Caldecote, Cherryhinton, Fordham, Histon, Horseheath, Horningsea, Isleham, Milton, Odsey, Quy and Shepreth. The lectures were arranged by the Federation of Women's Institutes, but were open to the public as a whole and were not confined to members of Women's Institutes.

As it became known that the British Empire Cancer Campaign proposed to give lectures on cancer throughout the county, it was later decided that the lectures to men on that subject arranged by the Rural Community Council should also be discontinued. It was resolved that the available funds should be used to finance the general lectures on health subjects which had previously been given by that body out of its own resources. The syllabus for the course remained unchanged and was detailed in the report for 1936. Courses were arranged in three villages, but the lectures were not actually given until the early part of 1938.

SCHOOLS.

The sanitary condition of the schools of the area is improving slowly but surely, in spite of the fact that great difficulties stand in the way and that a real approach to a general standard in accordance with modern views could only be made by a wholesale re-building programme. The erection of Village Colleges is going some distance in this direction and the bringing into use of those at Bottisham and Linton may be mentioned particularly. At the same time, it may be pointed out that from a sanitary or health point of view, as from many others, it is the early years which count most and the Village Colleges do little to meet the needs of the younger children except that they relieve overcrowding in some of the village schools from which they draw children. In the case of Bottisham, however, an admirable Junior School was erected alongside the Village College and therefore the younger children have also gained.

The following table shows the number of schools from which notifications of infectious diseases were received through Head Teachers during the year:—

Diphtheria	...	...	...	1
Scarlet Fever	...	...	...	21
Measles	...	...	...	42
German Measles	...	...	...	11
Whooping Cough	...	...	...	54
Chicken Pox	...	...	...	29
Mumps	...	...	...	42

The only noteworthy increases as compared with the figures for the previous year are shown by whooping cough and mumps, but it is now a well known fact that the epidemicity of the majority of common infectious diseases

is determined by the number of susceptible individuals at risk. In other words, if in a given community there is a large proportion of people protected by a previous attack, there will be no widespread epidemic on the introduction of a source of infection and therefore a year of undue prevalence is apt to be followed by one or more years of comparative immunity, irrespective of any administrative action which may be taken. Thus in 1938 or 1939, measles, German measles and chicken pox may be expected to increase, while whooping cough and mumps will show a low incidence. Even diphtheria and scarlet fever are no exceptions to this rule, though no doubt many other factors influence the onset and spread of epidemics in their cases, and it is for this reason that artificial immunisation, if widely adopted, may be expected to exercise a greater measure of control than do attempts to control the spread of infection from individual to individual, a method which has met with scant success, however worked, in the past.

This is not to say that every effort to control the spread of infectious disease by whatever method has seemed practicable has not been made throughout the year and in this connection the fullest measure of co-operation between the School Medical Officer and the Medical Officer of Health to the Local Sanitary Authorities has existed. Cases and contacts of infectious disease have been excluded from school for appropriate periods and, though the policy of school closure is not now generally advocated, eight schools were closed for special reasons during the year in connection with outbreaks of scarlet fever 1, whooping cough 1, measles and whooping cough 3, influenza 1, and epidemic catarrh 2.

The beneficial work of the School Nurses exercised through their visitation of children notified as suffering from infectious disease has continued.

SUPERVISION OF THE MILK SUPPLY.

Specially Designated Milk ("Graded Milk").—The following licences for the production and distribution of graded milks were mentioned by the District Medical Officers of Health as being in operation in 1937.

Cambridge Borough.

Tuberculin Tested Milk	2
Accredited Milk (Bottling and Sale)	2
Pasteurised Milk (Production and Sale)	1
Pasteurised Milk (Sale only)	1

Chesterton Rural District.

Tuberculin Tested Milk	8
Accredited Milk	77

Newmarket Rural District.

Pasteurised Milk (supplementary licence for sale of)	1
--	---

South Cambridgeshire Rural District.

Tuberculin Tested Milk	2
Accredited Milk	37

The arrangements for the issue of licences were unchanged during 1937 and the County Council remained responsible for the issue of licences in respect of the production of Tuberculin Tested and Accredited milk, while the Sanitary Authorities licensed the bottling of both of these grades, the pasteurisation of milk and the bottling of the product.

At the end of 1937 there were in force 14 licences for the production of Tuberculin Tested milk as compared with 4 at the end of 1936 and 147 licences for the production of Accredited milk, one more than at the end of 1936. Ten

new licences for the production of Tuberculin Tested milk were issued during 1937 and 12 for the production of Accredited milk, while 6 Accredited licences were suspended during 1937 owing to non-compliance with the conditions.

Bacteriological Examination for Estimation of Cleanliness.—This was again undertaken by all the Sanitary Authorities of the area except the Chesterton Rural District Council.

In Cambridge, 59 samples of graded milk (Tuberculin Tested Certified 11, Tuberculin Tested 14, Accredited 8 and Pasteurised 26) were examined bacteriologically. All except two samples of Tuberculin Tested, three of Accredited and one of Pasteurised reached the required standard. Forty samples of "ordinary" milk were also examined for cleanliness in Cambridge. Twenty-five reached the Accredited standard.

In Newmarket Rural District 15 samples were examined and only five were completely satisfactory, a considerably lower proportion than that of the previous year.

In South Cambridgeshire, 17 samples were examined, of which 6 reached Accredited standard, again a much lower proportion than that of the previous year.

Fortunately some of the producers whose attention has been drawn to the findings have been willing to improve their methods in order to secure a higher standard, and it is, of course, in this fact that the value of the work is constituted. The number of samples examined seems to be smaller in both of the rural districts concerned and this is to be regretted, as is also the fact that the Chesterton Rural District Council still does not consider it worth while to institute similar arrangements.

Milk Sampling for Tuberculosis.—There has been no change in the arrangements under this head during 1937.

Between November 22nd, 1936, and November 27th, 1937, reports were received on 136 samples of milk submitted for examination for tubercle bacilli, 77 by the Borough of Cambridge and 59 by the County Council. Of the samples taken by officers of the Borough Council, only 29 were produced in Cambridge. One was produced in another county, the remaining 47 being produced in the rural part of Cambridgeshire, so that a total of 106 samples from that area was examined. Eleven samples were found to contain tubercle bacilli, the whole of this number being submitted by the Borough Council. The number is two less than that of the previous year. None of the samples taken by the County Police was found to be infected, but, nevertheless, of the Borough positive samples, only three were produced in Cambridge, the remainder being produced in the rural districts.

As has been the common experience in this work for several years now the veterinary surgeon was not able in any of the cases to detect the animal responsible by clinical means. He was, however, so far suspicious in two instances as to advise suspension of the sale of milk from individual animals, but, as was pointed out in the report for 1936, there is really no way of enforcing this recommendation. In only one of the instances was the suspicion confirmed, a positive result from the biological examination of milk from the cow concerned being obtained. The cow was never slaughtered under the Tuberculosis Order having been sold fat for slaughter previous to the receipt of the result of the examination.

In the other case, not only was the diagnosis not

confirmed in the suspicious animal, but no tuberculous cow was ever detected in that herd at all and this was the result of the investigation in a total of five out of the eleven cases.

In the remaining six, the offending cow was discovered after a varying interval of time. The nature of the delay and the reasons for it have been fully described in previous reports and it seems unnecessary to go into detail on the subject again. It will suffice once more to call attention to the fact that the present method of control can only be a very limited safeguard against the spread of tuberculosis to the public through infected milk.

Since the number of samples taken was only one less than that for the corresponding period of the previous year and the number found tuberculous was two less, there would seem to have been a slight improvement in the proportion of infected samples, but the figures published by the Borough Medical Officer of Health for a not strictly corresponding period do not support this view. Figures have been quoted from his report in recent years showing the rapid rise in the proportion of infected samples up to 1935, followed by somewhat of a fall in 1936. They are appended once again and it will be seen that there has been a rise in 1937 as compared with the figure for the previous year, though, fortunately not to the 1935 level. The figure is, nevertheless, the second highest since 1927, when the details were first recorded.

<i>Year.</i>	<i>No. of Samples.</i>	<i>Per cent. positive.</i>
1932	...	45
1933	...	42
1934	...	40
1935	...	83
1936	...	85
1937	...	87

UN SOUND FOOD.

The inspection of slaughter houses and other premises for unsound food is the duty of local sanitary authorities.

In the Borough of Cambridge 5 whole carcases and 203 parts of bovine animals and 17 whole carcases and 332 parts of swine were condemned on account of tuberculosis, and 126 parts of bovine animals and 32 parts of swine for conditions other than tuberculosis. One whole carcase of a sheep was condemned, as well as certain organs from 17 other sheep, and the total weight of meat so dealt with during 1937 was just under 9 tons. In addition quantities of such articles as tinned ham, tinned chicken, cod, fish fillets, cherries, strawberries and pears were condemned.

In Chesterton Rural District 4 whole carcases and 13 parts of cattle and 2 whole carcases and 22 parts of swine were condemned on account of tuberculosis. Two whole carcases and 8 parts of cattle, 4 parts of swine and 10 of sheep were condemned for diseases other than tuberculosis. One butcher was prosecuted for having diseased meat in his possession for sale and fined £20 and costs.

In Newmarket Rural District 1 whole bovine carcase and 16 bovine parts and 2 whole carcases and 35 parts of swine were condemned on account of tuberculosis, as well as 1 whole carcase and 5 parts of swine which were condemned for conditions other than tuberculosis.

In South Cambridgeshire 15 parts of bovine carcases and 4 whole carcases and 27 parts of swine were condemned on account of tuberculosis and 10 parts of bovine carcases, 13 parts of sheep and lambs and 3 whole carcases and 8 parts of swine on account of conditions other than tuberculosis.

SALE OF FOOD AND DRUGS ACTS ADULTERATION.

Rural Area.—The County Council administers these Acts in the Rural Area through the Local Government and General Purposes Committee.

The total number of samples taken and reported on by the Public Analyst during the year was 191 (226 in 1936) of which 131 were taken formally and 60 informally. The samples included 92 of milk (78 in 1934) and 5 of butter. Of the 191 samples taken, 16 proved to be not genuine, all having been formally taken. Six of the milk samples were " appeal to the cow " samples. Thirteen were deficient in fat in quantities varying from 3 per cent. to 22 per cent. and 2 contained added water to the extent of 4.82 per cent. and 6.23 per cent. respectively.

Prosecutions were undertaken in both the cases of added water. In the first case the dairyman was fined £4 and £3 3s. 0d. costs and the second case was dismissed on payment of costs. One of the cases of fat deficiency was also prosecuted, but the case was dismissed, while in all other instances the attention of the dairyman was drawn to the condition.

Cambridge Borough.—Samples submitted to the Public Analyst totalled 307, of which 15, or 4.8 per cent. were found not to be genuine. The samples included 126 of milk of which 55 were taken formally. Four samples (3 informal) were reported deficient in fat in amounts varying from 2 per cent. to 3.3 per cent. One sample contained added water to the extent of 2 per cent. In the case of the one formal sample deficient in fat, the retailer was warned, in that of one of the informal samples the formal check

sample proved to be genuine, in a second the formal check sample proved to contain added water to the extent of 4.35 per cent. and the retailer was convicted without penalty and in the third the retailer was advised as to thorough agitation of the milk during bottling. In the case of the original sample containing added water further formal check samples were taken and all were found to contain added water. The wholesaler was fined 5/- on each of four summonses and £2 2s. 0d. costs.

WATER SUPPLY.

Once again it is possible to report extensions and proposals for extensions of piped water supplies to various parts of the Rural Area. The supplies from the Cambridge Water Company's mains which were mentioned in the report for 1936 as being in contemplation at Oakington and Little Wilbraham duly came into being during 1937. The same Company's main has been extended up Cottenham Road at Histon and a stand pipe from the main has been provided at Fen Ditton to take the place of the unsatisfactory public pump opposite the "Blue Lion." In addition a new well has been sunk at the Cottenham Waterworks and another has been provided at Coton. The question of a public supply at Teversham and Longstanton is under consideration and the negotiations for the purchase of the East Hunts. Water Company's undertaking by the Chesterton Rural District Council are still in progress. If successful they will probably mean that the supply of water from it will be extended to Croxton, Eltisley, Graveley, Papworth St. Agnes, Caldecote and Hardwick. The proportion of the population of Chesterton Rural District having piped supplies is now 75 per cent. and the proportion having satisfactory public supplies is 91 per cent.

In Newmarket Rural District, the Ministry of Health held a local enquiry into the proposal to provide a piped

supply of water to the village of Burwell and to sink extra wells at Swaffham Prior, Swaffham Bulbeck, Bottisham and Lode. As a result of the enquiry, the Rural District Council was asked again to consider the possibility of providing a piped supply to all five villages and at the time of writing a trial bore has been sunk with this in view. A satisfactory yield of good water has been obtained and it is understood that the District Council is proceeding with the proposal to instal a piped supply in all these villages. The County Council has undertaken to make a grant of £4,000 towards the cost.

The Newmarket Rural District Council is now considering the best means of improving the water supplies of Isleham and Fordham and it is probable that the proposed or existing sources of supply will subsequently be extended to Wicken and Chippenham.

In South Cambridgeshire the measures detailed in the report for 1936 for the supply of Arrington, Abington Pigotts, Bassingbourn, Croydon, East Hatley, Gamlingay, Guilden Morden, Hatley St. George, Kneesworth, Litlington, Little Gransden, Steeple Morden, Shingay and Wendy have been commenced. A 22 inch bore has been sunk at Wendy and a yield of 20,000 gallons an hour during 14 days continuous pumping was obtained, the water level thereby being lowered from the surface to a depth of 28 feet, which level was then maintained. Apart from its somewhat hard character and a trace of iron, the water is of good quality. The scheme may be ready for operation by the end of 1938.

The parishes of Great and Little Chishill are now being supplied from the reservoir at Great Chishill constructed by the Saffron Walden Rural District Council and the new waterworks at Sawston are practically complete at the time of writing.

The chief gap in the water supply of South Cambridgeshire is at present constituted by the villages of Melbourn, Meldreth, Orwell and Whaddon and the obvious method of bridging it is by the extension of the Bassingbourn scheme to embrace these villages. It is understood that the yield of water is adequate for the purpose. The present Linton supply could be extended to Braham and the proposed supply at Sawston could be extended to Whittlesford, but apart from these possibilities, a separate supply for the Cam valley parishes of Braham, Duxford, Hinxton, Ickleton, Pampisford and Whittlesford would appear to merit consideration.

DRAINAGE AND SEWERAGE.

Once again it is impossible to record any important advance under this head during the year.

In spite of the fact that the local enquiry held by the Ministry of Health into the proposals for connecting the villages of Girton, Histon, Impington, Great Shelford, Little Shelford and Stapleford to the Borough of Cambridge sewerage system resulted in their approval of the scheme coupled with a strong recommendation to the District Council to proceed, the work is still being postponed because of widespread dissatisfaction with the financial arrangements proposed to be made.

The state of affairs at Soham to which reference has been made in previous reports, and on which a special report was recently presented to the County Public Health Committee, continues unchanged. Not only do most of the ditches and watercourses surrounding and passing through the village contain large amounts of crude sewage, but also difficulties are experienced from time to time owing to the unsatisfactory capacity and construction of existing culverts, and

the nature of the housing conditions is such as to render a conservancy system of sewage disposal both unpleasant and insanitary. It is understood that the unsatisfactory nature of the present arrangements is well recognised, but that financial considerations are held to be an insuperable obstacle to improvement.

No solution has been found to the problem in connection with the Cheveley Park Estate, as the Newmarket Urban District Council has decided that it cannot receive sewage from that area into its system. Fortunately conditions are not entirely unfavourable for the disposal of the sewage on the spot and no question of pollution of water supplies arises, but obviously any considerable growth of the population in the area will necessitate some more comprehensive measures.

The Newmarket Rural District Council proposes to deal with the difficulty at Stetchworth by constructing new works on an adjoining site and abandoning the old works altogether.

Owing to the more scattered nature of its population, the question of sewage disposal in South Cambridgeshire presents fewer difficulties, but it is probable that the matter will soon require consideration in the villages of Linton, Sawston and Gamlingay.

REFUSE DISPOSAL.

The scheme mentioned in the report for 1936 as having been decided upon by the Newmarket Rural District Council for the collection and disposal of house refuse throughout its area has now been put into operation and appears to be working well. A private contractor under-

takes the work for the Council at a cost of £410 per annum and the refuse is deposited in approved pits and properly covered. Not only has this abolished the old objectionable method of the indiscriminate disposal of refuse from certain villages without proper covering, but it entails the collection of all kinds of house refuse without limiting it to what is known as unburnable rubbish, a very important modification.

No extension of existing arrangements in Chesterton or South Cambridgeshire Rural Districts appears to have been made during 1937, but it is understood that South Cambridgeshire is contemplating a scheme similar to that in force in Newmarket Rural District and that the matter has been referred to the various parishes for their observations.

HOUSING.

In 1937, 1,227 houses were built, or in course of erection, at the end of the year, 528 in Cambridge (68 by the Local Authority and 460 by other persons) and 699 in the rural area, of which 358 were built by the Local Authority. Eighty-one of these were built in Chesterton Rural District, 213 in Newmarket Rural District and sixty-four in South Cambridgeshire.

In the Borough of Cambridge, no new Clearance Areas were declared during 1937, but two areas were inspected and reported with this in view. Twenty houses were vacated in one of the previously declared clearance areas, leaving a total of forty-four houses still occupied there, in respect of which the proposals for rehousing the tenants were not complete. In addition 67 houses were represented under Section 2 of the Housing Act of 1936. In the case

of 39 of these, demolition orders were served and 7 undertakings from owners not to let the houses until they had been rendered fit for human habitation were accepted. In the case of the remaining 21, action by the Council was not completed during the year. The actual number of demolitions which took place in the Borough in 1937 was 42.

As well as 67 houses unfit for human habitation, 1,423 houses in Cambridge were found to be "not in all respects reasonably fit for habitation." Structural defects remedied after informal notice numbered 1,237 and after formal notice 40.

In the rural area 88 demolition orders were made and 126 houses were actually demolished, including 3 in the Newmarket Rural District which were demolished by owners in anticipation of the making of orders by the Local Authority. One hundred and ninety houses were found to be unfit for human habitation and 461 "not in all respects reasonably fit for habitation." Four hundred and eighteen structural defects were remedied after informal notice and 26 after formal notice (5 by Local Authority in default of owner).

The work of dealing with overcrowding which was begun in 1936 has continued in 1937 and there has been improvement in the position in all areas, least marked in the case of the Newmarket Rural District.

In the Borough of Cambridge, the number of houses found to be overcrowded at the end of the year was 71, the number of families dwelling therein being 72 and the number of persons 519. New cases of overcrowding reported during the year numbered 13 and 10 cases, involving 69

persons, were relieved in the same period. No instances of dwelling houses becoming again overcrowded after abatement came to light.

In Chesterton Rural District there were 23 houses overcrowded at the end of 1937, involving 23 families and 176 persons. The number of new cases reported was 8 and the number of cases relieved 15, in which 101 persons were concerned. No renewal of previous overcrowding occurred and the District Council has a building scheme in progress to provide for the outstanding 23 cases.

In Newmarket Rural District there were 120 overcrowded dwellings at the end of 1937, involving 120 families and 789 persons. Only 3 new cases were reported and 7 cases were relieved, affecting 50 persons. No renewal of previous overcrowding was discovered. The work of erecting 67 houses to relieve the worst cases is in progress and it is hoped that the houses vacated by them will suffice for the relief of the cases of lesser degree.

In South Cambridgeshire there were 63 instances of overcrowding involving 65 families and 413 persons. Only one new case was reported and 49 cases were relieved, in which 288 persons were concerned. There was no instance of renewal of overcrowding. The District Council considers that 60 houses distributed over the whole area will suffice to abate the amount of overcrowding in existence at the end of 1937.

In accordance with the wish of the County Public Health Committee expressed on consideration of the report for the year 1936, information has been obtained from the three Rural District Councils as to the waiting list of applicants for Council houses. This appears to show that

in Chesterton Rural District on December 31st, 1937, there was a waiting list of 423 families, the number varying from 1 each in the parishes of Great and Little Wilbraham to 38 in Cottenham, while in 14 out of the 53 parishes there is no waiting list at all. The Clerk to the District Council points out, however, that although all of the 423 families have been provisionally approved, that is no indication that anything approaching this number will be considered deserving of Council houses on the final investigation as and when houses become available.

In Newmarket Rural District there was a waiting list of 208 on December 31st, 1937, the number varying from 1 each in the parishes of Lode, Swaffham Prior and Wood Ditton to 76 in Soham, while in 5 parishes there was no waiting list. Twenty-seven of the applications in Newmarket Rural District are from families living in overcrowded houses, for whom houses are now being built under the overcrowding provisions of the Housing Acts..

In South Cambridgeshire, the Clerk to the District Council states that the list is under drastic revision at the time of writing and considers that the publication of figures relating to the end of 1937 would be so misleading as to be practically valueless.

R. FRENCH,

County Medical Officer of Health.

Shire Hall,
Castle Hill,
Cambridge.

TABLE II.

VITAL STATISTICS OF COUNTY FOR 1936 AND PREVIOUS FIVE YEARS.

Population.	Births Nett.			Deaths Nett.			Rate per 1,000
	No.	Rate.	Under 1 year.	No.	Births.	All ages.	
			Rate			per 1,000	
1932	142200	1777	12.5	69	39	1653	11.6
1933	143780	1704	11.8	83	49	1847	12.8
1934	145190	1733	11.9	86	49	1620	11.2
1935	146400	1761	12.0	68	39	1643	11.2
1936	147790	1766	11.9	65	37	1726	11.7
1937	148460	1804	12.2	77	43	1663	11.2

CAMBRIDGESHIRE BIRTH RATES AND DEATH RATES—1913-1937

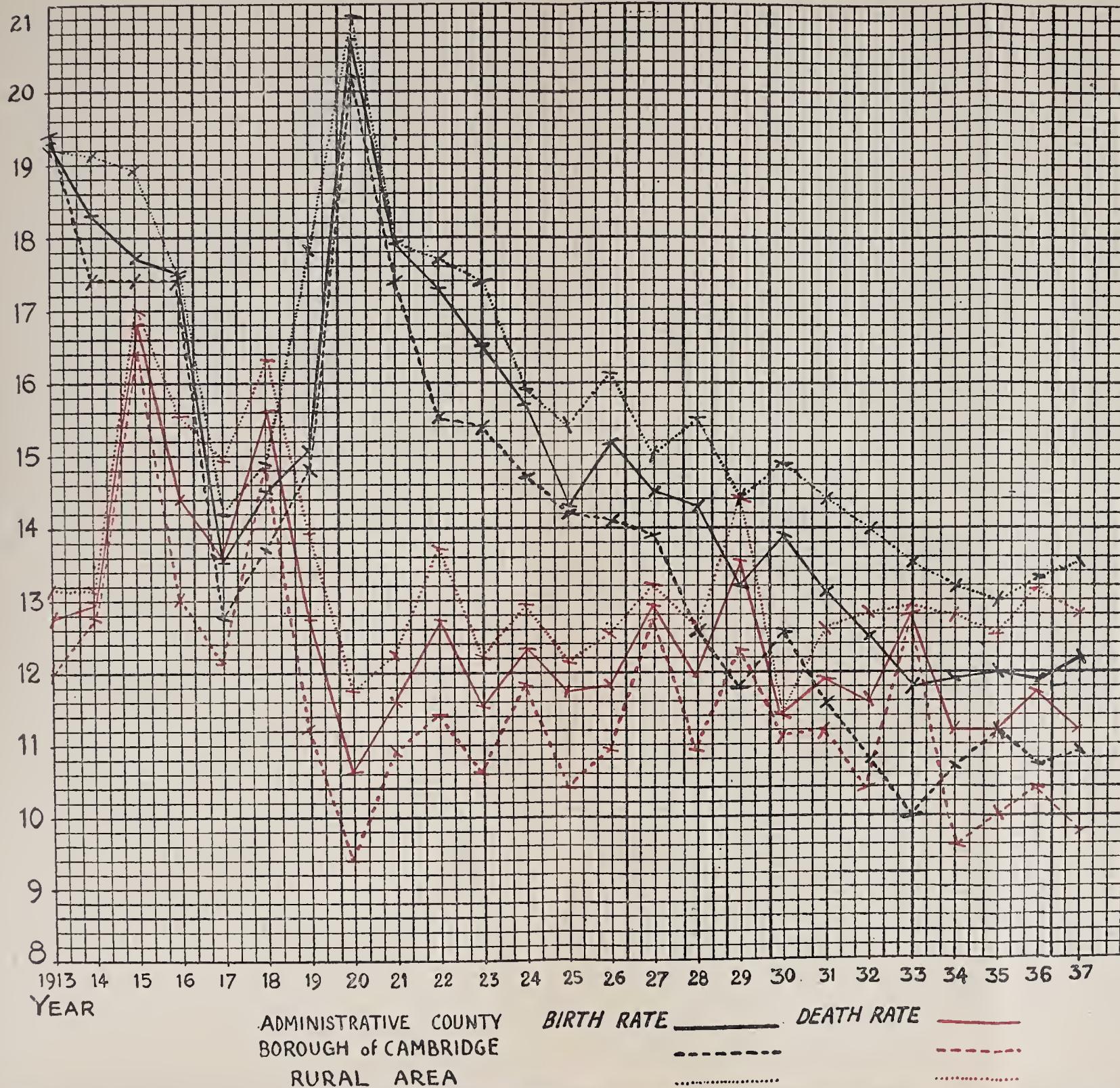


TABLE III.

NOTIFICATIONS OF INFECTIOUS DISEASE RECEIVED DURING THE YEAR 1935.

			Cambridge.	Chesterton.	Newmarket.	South Cambs.	Total.	Admitted to Hospital.	Died.
Smallpox	...	...	—	—	—	—	—	—	—
Diphtheria	...	...	9	—	—	1	10	9	1
Scarlet Fever	...	97	48	22	58	225	208	—	—
Enteric Fever	...	—	3	—	—	3	3	—	—
Puerperal Fever	...	2	1	1	1	5	1	3	—
Puerperal Pyrexia	...	5	2	1	3	11	3	—	—
Pneumonia	...	13	18	8	6	45	—	—	53
Erysipelas	...	19	8	4	—	32	1	—	2
Encephalitis									
Lethargica	...	—	—	—	—	—	—	—	—
Cerebro-Spinal									
Meningitis	...	—	—	—	—	—	—	—	—
Acute									
Poliomyelitis	...	3	—	—	—	3	—	—	—
Ophthalmia									
Neonatorum	...	3	1	—	—	4	4	—	—

